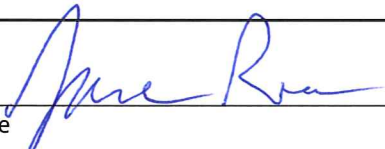


CLAIMANT'S REQUEST FOR WITNESS SUBPOENA		DOCKET NO. <u>16 XXXX</u>
1.) Claimant's Name, Address, City, State, ZIP Telephone / fax number	Jane Roe 123 Main Street Anywhere NE 6899 (402) 555-1234	
2.) Name of the person to subpoena	Sally Blank	
3.) Will this person testify voluntarily?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If no, why not? <div style="text-align: center;">Her boss told her if she voluntarily testified, she'd be fired</div>	
4.) Is this witness's testimony available from anyone else?	<input type="checkbox"/> Yes If yes, who else can testify? <input checked="" type="checkbox"/> No	
5.) What testimony will this witness provide and how is it relevant to your appeal?	Sally Blank will testify that she her my boss say that the employer did not have enough money to keep me employed.	
6.) Subpoena should be directed to: Name of witness Company Name Address City, State, ZIP Telephone / Fax	Sally Blank Acme Widgets, LTD 321 Contact Way Anywhere NE 68999 Phone (402) 555-9876 Fax (402) 555-6782	
Please Sign and Date Here:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>2-31-16</u> Date </div> </div>	
DO NOT ENTER INFORMATION BELOW :		FOR TRIBUNAL USE ONLY
Assigned Judge		(Affix Date Stamp Here)
Date of Hearing:		
Time of hearing:		
Request Timely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Subpoena request is <input type="checkbox"/> GRANTED		
Subpoena request is <input type="checkbox"/> DENIED	<input type="checkbox"/> Not Specific <input type="checkbox"/> Irrelevant <input type="checkbox"/> Cumulative <input type="checkbox"/> Immaterial <input type="checkbox"/> Repetitive <input type="checkbox"/> Other:	
Administrative Law Judge:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> _____ Signature </div> <div style="text-align: center;"> _____ Date </div> </div>	

Please return the CLAIMANT'S REQUEST FOR WITNESS SUBPOENA to:
Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509. You may also fax this to the Tribunal at (402) 471-1734